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Draft country programme document**

Tajikistan

Summary

The Executive Director presents the draft country programme document for Tajikistan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $6,405,000 from regular resources, subject to the availability of funds, and $20,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2009.

* E/ICEF/2004/8.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	2.8
U5MR (per 1,000 live births)	72
Underweight (%, moderate and severe)	...
Maternal mortality ratio (per 100,000 live births, 2001)	45
Primary school enrolment/attendance (% net, male/female, 2000)	100/99, 79/81
Primary schoolchildren reaching grade 5 (%, 2000)	94
Use of improved drinking water sources (%, 2000)	60
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old, 2000)	18
GNI per capita (US$)	180
One-year-olds immunized against DPT3 (%)	84
One-year-olds immunized against measles (%)	84

The situation of children and women

1. Tajikistan has the lowest income level of all the former Soviet republics. Its difficult geographical terrain is 93 per cent mountainous, it is landlocked and 70 per cent of its 6 million inhabitants live in rural areas. Tajikistan is one of the most disaster-prone countries in Eastern Europe and Central Asia, with high vulnerability to earthquakes, floods and landslides. Almost one half of the population is under the age of 18 years.

2. Tajikistan's complex political transition in recent years has led to geographical, political and economic fragmentation. After five years of civil war, the peace accord of 1997 improved security and provided a more conducive environment for development. Structural reforms and political stability have allowed the beginnings of macroeconomic recovery, with over 10-per-cent growth in gross domestic product (GDP) in 2002. Nonetheless, poverty affects 80 per cent of the population, with urban-rural, regional and gender disparities. A high level of external debt absorbs one half of government revenues and investment in the social sector has been reduced substantially.

3. Noteworthy government policy initiatives include the Poverty Reduction Strategy Paper (PRSP), the ratification of human rights conventions, the establishment of a National Commission on Child Protection (NCCP) and several positive legislative steps in the health and education sectors. A 2002-2004 National Strategic Plan in Response to HIV/AIDS and a plan on "Providing Equal Rights and Opportunities for Men and Women in Tajikistan for 2001-2010" were signed. Despite high-level political commitment, the actual implementation of the Convention on the Rights of the Child and Convention on the Elimination of all Forms of Discrimination against Women has been difficult, owing partially to a lack or resources and to low capacities.

4. Despite the improving economic and policy environment, the continuing crisis in Tajikistan is reflected in the country's declining social indicators over the last decade. Surveys show that the maternal mortality ratio may be much higher than the

official estimate because there are problems of underreporting and misclassification of maternal deaths. One half of pregnant women have no access to prenatal health care. Only 76 per cent of births are registered. While there is a large difference between official (19 per 1,000 live births) and survey data (89 per 1,000 live births) there is consensus that the infant mortality rate has risen. Just over one half of infants are fully vaccinated. There are high levels of diarrhoea (18 per cent) and chronic malnutrition (36 per cent) among children under five years of age. Micronutrient deficiencies are prevalent: one half of children under five years have vitamin A deficiency and 64 per cent of them have iodine deficiency disorders (IDD), and 50 per cent of children under five years and women of child-bearing age are deficient in iron. Just over one half the population has access to safe drinking water and sanitation remains a major problem in some regions, for example Gorno Badakhshan, which has only 18 per cent coverage.

5. The decline in social infrastructure and funding has lead to a 40-per-cent decrease in the number of pre-schools. Access to quality education at all levels, especially for girls, has been declining. While more information is needed, evidence points to a rising gender gap in higher grades. According to 2002 statistics, while the gender gap in the primary level is only 3 per cent, it increases ten-fold in the higher levels. Monthly pay of as little as $7 has given rise to emigration of many teachers. Only 19 per cent of schools have a parent teacher association. One fifth of the country's schools were totally destroyed during the civil war. As few as one half have clean drinking water and electricity. There is a shortage of teaching materials, and only 1 in 10 students has a full set of textbooks. There has been a significant increase in child labour, with some 3,000 children working on the streets of Dushanbe.

6. The collapse of the social safety net, linked to decreased funding and inadequate social welfare policies, has led to a higher number of children in need of special protection. As many as 11,000 children under 16 years are institutionalized even though one or both biological parents are alive. Institutionalization, rather than family-based childcare, is the primary means of social protection. An assessment revealed that 65 per cent of parents consider the use of physical punishment to be normal. Children experience violence in schools and institutions. Juvenile crime forms approximately 8 per cent of all crimes. More information is needed on domestic violence, sexual abuse, trafficking, disability and child labour. Poverty, lack of access to social services and information on victims' rights, and traditional practices make domestic violence difficult to address.

7. The prevalence of HIV/AIDS, a serious threat to Tajik youth, is much higher than the officially reported number of 119 cases, 60 per cent of which are young people aged 15 to 29 years. There is no surveillance system. Most HIV/AIDS infections are among young drug users. Young people aged 16 to 24 years, who comprise one fifth of the country's population, are vulnerable and have limited opportunities and access to information. Inaccurate knowledge about HIV/AIDS and sexually transmitted infections (STIs), growing poverty, unemployment, increasing drug use and violence and trends towards early marriage expose this age group to high risks. Access to quality life skills-based education and "youth-friendly" services is limited.

8. Tajikistan has a nascent civil society. There are 1,400-registered non-governmental organizations (NGOs), of which 128 are women's organizations and

500 work on children's issues, although few are active. The complementary roles of the government and NGO sectors are still being developed. Women's political participation is declining; women currently hold only 16 per cent of parliamentary seats and constitute one fifth of the executive and the judiciary.

9. The Common Country Assessment (CCA) identified declining access to quality basic social services as the core issue facing Tajikistan, and this is the thread that binds together the country's many challenges. On one hand, it is reflected in the rising gap between social policies and their actual implementation. Institutional mandates are not sufficiently clear, decision-making is highly centralized and opportunities for public participation are limited. The efficiency of state institutions is hampered by the low capacity and morale of civil servants. Inadequate data and weak analytical capacities impede monitoring and evaluation. On the other hand, although the country has a high literacy rate, it is not translated into informed caring practices for children by their caregivers. This is a legacy of the past system, as well as a result of socio-cultural practices, poor child-rearing and hygiene practices, gender discrimination, inadequate psychosocial stimulation of children and reluctance to seek care for children. While more needs to be understood, an outdated educational system, which does not encourage critical thinking, together with traditional values and norms, contributes to this gap. Limited access to information and low coverage of children's issues in the national media are other factors. Awareness of human, children's and women's rights is low. Community initiatives, through organized civil society action, are only beginning to occur, for example, the Children's Water Forum and Youth Forum on HIV/AIDS, both held in 2003.

10. Poverty continues to persist because of the effects of the damaging five-year civil war, the loss of fiscal support from the former Soviet Union, a poor taxation system, lack of industry and agricultural development, migration and recurrent disasters. It particularly affects rural and female-headed households and is concentrated in some regions, e.g., Khatlon, where 46 per cent of the population live in poverty. The share of development expenditures as part of GDP has declined from a high of 20 per cent in the 1990s to as low as 5 per cent in 2001. As a percentage of GDP, allocations for the health sector stand at 1 per cent and for education at 2.6 per cent.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

11. The previous country programme aimed to reduce infant and maternal mortality and the prevalence of micronutrient deficiencies; to improve children's learning environments; to increase school attendance and reduce drop-out rates; to promote a child protection system; and to raise awareness among young people on HIV/AIDS and healthy lifestyles. Reversing declining social indicators was too ambitious to be achieved in one programme cycle, although the country programme successfully managed to make progress in terms of service delivery and policy commitment towards rights-based social sector reform. The programme supported the formulation of the National Plan of Action, through the NCCP under the Prime Minister's Cabinet. Children participated in the process through the Child Reference Group, which gives children, nominated by children's clubs from different parts of

the country, the opportunity to participate in discussions with government officials and to express their own views and opinions.

12. As part of its partnership with the Global Alliance for Vaccines and Immunization, UNICEF supplied all routine vaccines for the national immunization programme and contributed to improving the cold-chain system. As a result, the coverage rates for measles vaccine and three doses of combined diphtheria/pertussis/tetanus vaccine reached 84 per cent. Tajikistan was certified polio-free in 2002 with support to the Ministry of Health from the Government of Japan, the United States Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).

13. A causal analysis of infant mortality highlighted the inconsistency in official statistics related to the use of a non-standard definition of live births. As a result, new policies were adopted on the promotion of effective perinatal care and the international definition of live births. With technical support from CDC and the United States Agency for International Development (USAID), an implementation plan was established for reliable monitoring of infant and child mortality.

14. UNICEF contributed to the development of a policy and strategy for vitamin A supplementation and led the efforts to provide vitamin A to all children under five years, as during the supplementation campaign held in December 2003. Effective advocacy supported the passage of a law on universal salt iodization in 2002.

15. A holistic approach of "child-to-child" hygiene education, alternative water supply systems and rural latrine technology, tested in 200 schools, has now been adopted by the Government for expansion. Education reform based on child rights has been incorporated in the National Plan of Action for Education for All.

16. Resources mobilized through the Consolidated Appeals Process, contributed significantly to implementation of activities in the areas of maternal and child health (MCH), water and environmental sanitation and education.

17. UNICEF supported reform of the child welfare system through the establishment of two child rights departments mandated to provide social welfare support to families at the community level. This has facilitated the transformation of residential care institutions for children and the establishment of alternative care services.

Lessons learned

18. In order to maximize the impact of social policies, it is imperative to promote decentralized decision-making and the capacity development of local officials. It is only through decentralized approaches that national policies are effectively implemented at subnational level so that disparities are reduced. Examples include the establishment of a child rights department in Gafurov district of Sughd province, in line with broader social policy reform for child rights which was made possible and accelerated by decentralized commitment and response to community needs.

19. Improved data collection and analysis that strengthen government decision-making and policy formulation are necessary and powerful tools. Studies undertaken by the Government with technical assistance from UNICEF, such as the multiple indicator cluster survey (MICS) (2000), assessment of water and environmental sanitation (2002), nutrition and infant mortality surveys (2003) and the girls'

education study (2003), have contributed to improved monitoring and evaluation as well as planning and analytical capacities and the overall understanding of the problems of children and women.

20. When children and young people are mobilized around issues affecting them, they bring a fresh perspective and new solutions to old problems. The Children's Water Forum, which was organized in parallel to the Dushanbe International Fresh Water Forum in August 2003, provided children and young people with the opportunity to voice concerns and contribute to identifying appropriate actions as shown in the Children's Water Manifesto, which was included into the President's Declaration at the Forum. It is particularly important to provide opportunities to girls, marginalized children and minorities.

The country programme, 2005-2009

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Maternal and childcare	1 700	8 000	9 700
Quality basic education for all	1 480	6 000	7 480
Young people's health and participation	650	3 000	3 650
Social policy reform and child protection	650	3 000	3 650
Cross-sectoral costs	1 925	-	1 925
Total	**6 405**	**20 000**	**26 405**

Preparation process

21. Within the context of a harmonized programme process, the formulation of the country programme started with the CCA and the United Nations Development Assistance Framework (UNDAF), which reflect the Millennium Development Goals and are consistent with the national priorities of the PRSP. The United Nations country team prepared the CCA in consultation with the Government and national and international civil society organizations. The particular contribution of UNICEF was in social sector analysis and incorporation of the goals of *A World Fit for Children* in the process.

22. The new country programme emerged from a broad consultative process, guided by a rights-based analysis and with participation of government and other key stakeholders. The programme's content was guided by the UNICEF medium-term strategic plan (MTSP). The approach and strategy was shared with United Nations partners and the Government at the NCCP's National Conference on Children in December 2003, chaired by the Deputy Prime Minister. The Joint Strategy Meeting, held in March 2004 with United Nations agencies and government counterparts, endorsed both the UNDAF and the UNICEF country programme.

Goals, key results and strategies

23. The country programme will contribute to the realization of children's and women's rights to survival, development, participation and protection, as Tajikistan moves from a humanitarian to a development phase. The major thrust of the programme will be to ensure that the development priorities of the public sector take into account the rights and needs of the most vulnerable. The new country programme will focus on fewer key issues to optimize limited resources. These key issues were identified in the context of the UNDAF and national priorities and are based on: (a) the comparative advantages of UNICEF grounded in national and local experience; and (b) important areas which are not addressed by other agencies.

24. The major results pursued by the country programme will be: (a) improved policies and strengthened national systems, coordination and standards in key programmes affecting children; (b) increased access, quality and gender parity of basic social services; (c) improved governmental and non-governmental capacities to facilitate young people's participation; and (d) supportive child-care alternatives for a safer and more protective environment for children at the community level.

25. To achieve the goals, the country programme will pursue the following strategies developed to support the UNDAF. UNICEF will support political commitment to children and women's concerns in the area of social policy reform, in compliance with national priorities and international conventions. To address the existing gap between policies and implementation and raise demand for quality services, the country programme will facilitate intersectoral coordination of service provision to maximize the impacts of intervention on children. Planning and implementation will be brought closer to families and communities and, in doing so, support decentralization. Partnerships will be further fostered with United Nations agencies, the international financial institutions and bilateral agencies, so as to harness growing donor interest. UNICEF will assist the Government in strengthening development coordination mechanisms and will build alliances to engage civil society in action for children and women.

Relationship to national priorities and the UNDAF

26. The country programme recognizes the risks faced by Tajik children as identified in the CCA and builds on it and the mid-term review (MTR) of the previous programme, in the context of the Millennium Development Goals, the PRSP, the UNDAF and the MTSP.

27. Tajikistan's PRSP identifies the following areas of action: efficient governance; targeted support to the poorest; efficient and fair provision of basic social services; equitable and rapid growth; and sound economic management and efficient public administration. The UNICEF programme forms an integral part of the first three areas.

28. The CCA emphasizes that poverty has to be analysed in a broader perspective. A causal analysis, which was part of the CCA preparation process, reflected five developmental challenges: increased access; institutional reform; decentralization; capacity-building; and data analysis and evaluation. Built upon the above, the UNDAF has four priority areas of cooperation: "reversing declines", "overcoming mountains", "transforming livelihoods" and "redistributing responsibilities". Of the eight identified UNDAF outcomes, the UNICEF programme will support those

relevant to health, nutrition, education, child protection, gender parity and HIV/AIDS. UNICEF will coordinate its work with that of other United Nations agencies to ensure maximum synergy.

Relationship to international priorities

29. The programme of cooperation, through addressing the five MTSP priorities, will contribute to the achievement of the Millennium Development Goals and the outcomes of *A World Fit for Children*. It will assist the Government in meeting its international obligations under the Convention on the Rights of the Child and Convention on the Elimination of all Forms of Discrimination against Women. Poverty reduction will be pursued through improving access to basic social services.

Programme components

30. In the four programmes described below, there will be strong focus on strengthening the planning and implementation capacities of local governments. This experience will be fed into national policy-level initiatives. At the national and provincial (*oblast*) levels, increased intersectoral linkages and convergence will be promoted, both within the sectoral programmes and with implementing partners. With a focus on capacity-building for disaster preparedness, the country programme will mainstream emergency response and preparedness. UNICEF will continue to be a key member of the Response to Emergency Assessment Country Team ("REACT"), coordinated by the United Nations Development Programme (UNDP).

31. At national level, the country programme will contribute to policy development. It will also support both national and subnational interventions. At national level, UNICEF assistance will contribute to national policy development and formulation, the setting of technical standards and norms for service delivery, and support to key nationwide service interventions such as immunization. At subnational level, the assistance will be targeted to 15 districts, selected based on a clear set of criteria including the rates of poverty and access to social services, and ongoing programmes and partnerships. Approximately 500,000 children, young people and women will be reached through these activities, which are coordinated throughout all sectors.

Maternal and childcare

32. The programme will address some of the underlying causes of high mortality and poor nutritional status of children and women, specifically inappropriate family health-care knowledge and practices, and the deteriorating management capacities of the primary health-care (PHC) system. These are the main factors which lead respectively to delays in seeking care and the inadequate quality of MCH services.

33. The key results expected from this component are: (a) 70 per cent of families and other caregivers to have improved their knowledge and practices on integrated early childhood care in the 15 target districts; (b) the same families in the same locations to have access to improved quality services; (c) 80 per cent of pregnant women in the target districts to have access to antenatal care and professional birth attendance; and (d) 90-per-cent routine immunization coverage to be achieved and maintained in all the regions of the country.

34. The programme will follow a three-tiered approach. First, at the community and family levels, in the 15 selected districts, emphasis will be placed on improving proper child-care practices, with a focus on empowerment of primary child-caregivers, especially young families, but also explicitly involving elders in the community. Attention will also be given to the Integrated Management of Childhood Illness, birth registration and appropriate nutrition.

35. Second, at the institutional level, PHC, including immunization services and outreach, will be strengthened with the development and adoption of a minimum PHC package at the national level. Other resources funding will support these interventions. These will be complemented by capacity-building of local health authorities in planning, implementation and management. At the community level, UNICEF will partner with civil society and the media to address gaps in information and to reinforce good care practices. Strengthening institutional capacities for service delivery contributes to political commitment in the rights-based social reform process.

36. The third level of action will be national policy development to standardize quality MCH services, including prevention of mother-to child transmission of HIV, with emphasis on capacity-building and financial sustainability. For preparation of nationally standardized training curricula and strengthening of the PHC system, UNICEF will work closely with the United Nations Population Fund (UNFPA), the World Bank and WHO. In partnership with the Asian Development Bank, CDC and WHO, UNICEF will work at the national level for adoption and reinforcement of laws and regulations for salt iodization and flour fortification. A special effort will be made to support implementation of the International Code of Marketing of Breast-milk Substitutes. At the policy level, UNICEF will work closely with the Ministry of Health, CDC, UNFPA and WHO.

37. Regular resources will be used to implement the above-mentioned priority activities, with particular focus on the most essential service delivery components such as immunization. With other resources, the country programme will extend its outreach to a greater number of families and communities in the 15 target districts and focus on more innovative components for enhanced impact at the community level and better parenting practices.

Quality basic education for all

38. This programme will seek to reverse the declining demand for girls' education and stem the increase in drop-outs, especially after fourth grade. It will do so by addressing the impediments and constraints that encourage low enrolment and drop-outs and by improving the capacity of the educational system to provide quality education (with an improved school environment, processes, content and learning outcomes), and accelerate progress in education reform.

39. The following key results are expected to be achieved: (a) strengthened national capacities in policy planning and analysis which support rights-based education reform; (b) 90 per cent of children to attend and complete basic education up to grade five, with reduced gender disparity in the 15 target districts where completion rates are below the national average; and (c) 35 per cent of schools in the 15 districts to have improved sustainable water supply and sanitary facilities and better hygiene practices, especially suitable for girls.

40. At the community level, the programme will seek to improve school management and classroom environments in selected schools and with community, parent and children participation. Better access to safe drinking water and improved hygiene practices will contribute to increased attendance, especially by girls. The programme will build partnerships between local authorities and civil society in the implementation of community-based initiatives.

41. At the national level, the programme will advocate for participatory approaches to learning that are gender-sensitive and child-centred. This will lead to increased national and subnational awareness, and political commitment for systemic change in support of girls' education; will strengthen the accountability and responsiveness of all partners; and result in improved allocation of resources. At the national and subnational levels, the programme will build relevant capacities of policy makers and local authorities, including improving teachers' skills and supporting innovative community-driven innovative interventions. This experience will be documented and used as an advocacy tool for scaling up by the Ministry of Education. The partnership with UNDP, the World Bank, the World Food Programme and NGOs will expand the newly adopted rural technology for school water and sanitation facilities. UNICEF will join efforts to develop the analytical and monitoring capacities of the Ministry of Education in partnership with the Asian Development Bank and the German Agency for Technical Cooperation (GTZ), including for a national education management information system.

42. With regular resources, the country programme will undertake all of the above key activities, especially national policy development and advocacy for rights-based education reform. With other resources, it will extend its outreach to a greater number of schools in the 15 districts and support additional interactive education and hygiene-related activities, with a focus on children's participation, especially girls.

Young people's health and participation

43. The programme takes place in an environment where families, service providers and decision makers may have stereotypes about young people, do not sufficiently understand problems affecting them, or do not appreciate the potential contribution they could make to society. It will provide young people with opportunities to participate actively in civil society and enable them to make appropriate decisions affecting their lives.

44. Key results to be achieved are: (a) increased opportunities for children and young people to affect decisions in institutions and express their views in matters that concern them; (b) in the 15 selected districts, 90 per cent of young people who are in school to have acquired better knowledge and skills to protect themselves from HIV/AIDS, STIs and drug use; and (c) in the same 15 districts, 40 per cent of young people to have access to quality "youth-friendly" services, with a focus on the especially vulnerable.

45. The programme will strengthen collaboration with the Government, the media and local NGO networks, especially young people's NGOs, to promote child rights and young people's participation. Advocacy and communication will focus on reducing discrimination and the stigma of HIV/AIDS. This will be done specifically through a national communication strategy plan and activities that are related to healthy lifestyles. Life-skills-based education will be integrated into formal and

non-formal education. The programme will expand access to information and knowledge on HIV/AIDS, STIs and substance abuse for behavioural change. It will also build relevant skills and support safe behaviour, as well as promote the development of "youth-friendly" services. Targeted interventions for especially vulnerable children and young people will be mounted.

46. UNICEF, with UNDP and UNFPA, will assist the Government to strengthen the national strategy on HIV/AIDS, including the development of a national framework and curricula on life-skills-based health education and "youth-friendly" services, with special focus on HIV/AIDS. UNICEF will work to strengthen NGOs and together with UNDP, UNFPA, the United Nations Office on Drugs and Crime, the World Bank, WHO and USAID, will contribute to improving policies for young people and inter-ministerial coordination.

47. With regular resources, the programme will focus on national policy and leveraging of activities. Other resources will be used to extend outreach to a greater number of youth, in particular especially vulnerable young people, in the 15 districts and activities to raise nationwide awareness of stigma and discrimination issues.

Social policy reform and child protection

48. The highly centralized social welfare system and the absence of community-based alternatives that respond to families facing social risks are key concerns in child protection. Many children are deprived of a family environment, while a large number of children with disabilities reside in communities without having access to health care and education. Policy makers, service providers and community leaders lack the capacities needed to address these issues.

49. The main results to be achieved include: (a) national norms and standards for decentralized support for child protection; and (b) in the 15 selected districts, support systems for child protection established through local governments.

50. The programme will support social policy reform for child protection. This will entail working towards a protective environment for vulnerable children which is supported by local-level social structures with the required capacities and skills, including social-work functions. Such local-level mechanisms will be backed up by national-level policy reforms. In selected *oblasts* and municipalities (*rayons*), a model for transforming residential institutions into community-based social-work centres and/or day-care centres will be developed. Community initiatives will be supported, in partnership with civil society and the media, to promote social integration of children. Special attention will be given to girls. The situation of child labour and children with disabilities will be analysed further by the NCCP and relevant ministries. In this effort, budgetary re-allocations, inter-ministerial coordination and decentralization are critical to strengthening alternative services to institutionalization at both subnational and community levels.

51. In a partnership with the Swedish International Development Agency and Stockholm University, UNICEF will support reform of the child protection system. UNICEF, in close partnership with UNDP, the World Bank and the European Commission, will advocate for more effective resource allocation and pro-child policies.

52. Regular resources will be used to support establishment of norms and guidelines for social work functions for the protection of children at risk. Other

resources will be used to expand and cover a larger percentage of children and women in need of social protection measures in the 15 target districts and to increase support to strengthening civil society (including NGOs) working on child rights.

53. **Cross-sectoral costs** will cover recurrent costs including office rent, utility bills, vehicle maintenance costs, security and communications, as well as the salaries and related costs of staff performing cross-cutting functions.

Major partnerships

54. Partnerships with local and international media will strive at building awareness and understanding of issues related to Tajik children and women's rights. Civil society will play an advocacy role in monitoring the implementation of these rights and in reaching communities with rights-based information. Other multilateral and development partners will advocate for policies for more effective resource management and mobilization. This will be done within the new simplification and harmonization process of the United Nations. UNICEF Tajikistan will continue to work with National Committees for UNICEF, other United Nations agencies, the international financial institutions and other donors. Partnerships with children and adolescents will be enhanced to ensure that programmes are based on the experiences of children as follow-up to the General Assembly Special Session on Children.

Monitoring, evaluation and programme management

55. The country programme results matrix will be the main framework to monitor progress. Key indicators to assess progress and measure results are: infant and under-five mortality rates; immunization coverage; the prevalence of IDD and iron and vitamin A deficiencies; the number of children reaching grade five; the rate of access to safe water and hygienic sanitation facilities in schools; the rate of young people's access to "youth-friendly" services, including information on HIV/ADS; the prevalence rate of HIV/AIDS, the percentage of parents having access to better parenting information; and the number of children with access to non-institutional child protection services at subnational level. Institutional mechanisms will be created for regular review of the programme. The capacities of the Government and non-governmental partners to foster more transparent monitoring systems will be developed. An annual planning cycle will include year-end reviews, in coordination with key partners, including other United Nations agencies.

56. Monitoring, research and evaluation activities for the country programme will be coordinated through the integrated monitoring and evaluation plan (IMEP). A MICS will be carried out in 2005. A monitoring and evaluation group will provide overall guidance and monitor outcomes in line with the UNDAF and the IMEP; update country programme evaluations and monitor their utilization for programme modifications. The technical group will also work closely with the Government to develop monitoring guidelines and social-sector databases for rights-based and gender-sensitive programming. The *DevInfo* system will be the main tool for the reporting on progress towards the Millennium Development Goals.

57. Evaluations will aim to improve learning and team-building both internally and externally. Programme evaluations will be guided by UNICEF evaluation standards. The MTR of the country programme will take place in 2007 and UNICEF

will support the evaluation of UNDAF in 2008, in collaboration with United Nations agencies and national partners.

58. Under the support budget approved by the Executive Board in 2003, UNICEF Tajikistan has been upgraded to a full country office, and the office's human resources have been strengthened.

59. The NCCP will have overall responsibility for coordination of the UNICEF programme of cooperation, with support from Ministry of Foreign Affairs.